

2009 Plan Review Application for a Permanent Food Service Establishment

Project Information (Please Print)

Food Service Establishment Name (Doing Business As): _____
 Project Site Address: _____ City: _____ Zip: _____
 Former Name (If applicable): _____ Sewage Treatment: ☐ Sewer ☐ Septic System
 Scope (Brief description of project): _____

Plan Review Submittal Fee Effective 003/23/2009 – 12/31/2009 (Make checks payable to: "SKCDPH")

☐ New Operation (\$694.00 + \$173/hr after 4 hours) ☐ Remodel (\$520 + \$173/hr after 3 hours) ☐ Resubmitted Plan (\$173/hr)
☐ Cost of Service (\$173/hr) ☐ Multiple Permit Establishment (\$520 + \$173/hr after 3 hours).

Ownership Information

Owner/Operator Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Applicant Information (If applicable)

Contact Person (Applicant or Agent) Name(s): _____
 Business Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Operation Information

Menu/Style of Food Service: _____
 Describe Food Production Methods (If applicable): _____
 Proposed Number of Seats: _____ Days/Hours of Operation: _____
 Plan to open by: Meals Served: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Cater ☐ Seasonal ☐ Other

Office Use Only

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
 Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
 Approval Date: _____ Review Time: _____ Reviewer: _____
 Notes: _____

DISTRICT HEALTH CENTERS

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